



2019 Serve/ Pass & Defensive Strategies

Hosted by UW-La Crosse Volleyball

Welcome to our Serving/Defense Clinic! The camp is intended for players from an Intermediate-Advanced skill level from ages 13-18. This one-day camp will focus on various techniques of serving, along with improving consistency, and finding the serve that fits your game best. This camp is excellent for liberos, defensive specialists, and players who are looking to develop their game to become a 6-rotation player. Each camper will receive quality instruction and high-volume repetitions in the skills of serving, passing, and defense throughout the day. Campers will have the opportunity to apply skills acquired into competition.

Athletes will be divided by skill and placed in groups where they will improve and be challenged.

Campers will be provided lunch over the break followed by a classroom session.

Dates:	July 25th
Times:	9:00AM Check-in Session I: 9:30AM- 12:00PM Classroom: 1:00PM-1:45PM Session II: 2:00PM-4:30PM
Cost:	\$95 early bird registration \$110 after June 15
	<small>*Walk-in registrations are WELCOME! Please note camp gifts are not guaranteed and discounts do not apply for walk-in registrations.</small>
Grades:	8-12
Location:	Mitchell Hall Gyms
Coaches:	Head Coach Amber Dunn Assistant Coaches & Athletes
**Lunch will be provided	



Visit uwlcamps.com for online registration, printable registration, and more information!



2019 Serve/ Pass & Defensive Strategies

Registration Form

July 25th

9:00AM-4:30PM

\$95 early bird registrations

\$110 after June 15

Please print clearly. We cannot process incomplete registrations. All information requested must be provided.

Participant's Full Name: _____ Grad Year: _____ Age: _____

High School: _____ Coach's Name: _____ Coach's Email: _____

Club Name: _____ Coach's Name: _____ Coach's Email: _____

Primary Position: _____ Secondary Position: _____

Earned Accolades: _____

Dietary Restrictions: _____

Address: _____ City/ State/ Zip: _____

Emergency Contact Name: _____ Emergency Phone: _____

Email (necessary for confirmation and camp communication): _____

Special needs for participant(s): _____

Amount Enclosed: \$ _____

Check enclosed, made payable to: **UW-La Crosse**

Return form to:
UW-La Crosse Athletic Camps & Clinics
25A Mitchell Hall
1725 State St.
La Crosse, WI 54601

WAIVER: Registration implies permission for photos, publicity and inclusion in a participant list unless camp director is notified in writing prior to camp. By signing this form, I agree to hold harmless and indemnify UW-La Crosse, their officers, agents, and employees from any and all liability, loss, damages, costs, or expenses which are sustained, incurred, or required arising out of the actions of my dependent in the course of the camp. I authorize that any medical, surgical, diagnostic and hospital procedures may be performed by a physician on my dependent if I cannot be reached in the event of an emergency.

Parent/Guardian Signature: _____ Date: _____

Visit uwlcamps.com for online registration and more information!